

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**State Street Bank and Trust Company Voluntary Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Debra Houston**

Mailing Address 300 Winter St

City

Ashland

State

MA

Zip Code

01721-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Street

Occupation

IT Risk Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 1 | 5 |

**Transaction ID : DBD560D79659476BBA0C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Andrew Kuritzkes**

Mailing Address 7 Gracie Sq

City

New York

State

NY

Zip Code

10028-8001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Street

Occupation

Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 1 | 5 |

**Transaction ID : 28229D371B6A4B6A890C**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. William H. Maddock**Mailing Address 160 School St  
3-2

City

Waltham

State

MA

Zip Code

02451-4584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Street Bank and Trust Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 1 | 5 |

**Transaction ID : ED986D487E974F0780D3**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►